

for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13288 of March 6, 2003, with respect to the actions and policies of certain members of the Government of Zimbabwe and other persons to undermine Zimbabwe's democratic processes or institutions is to continue in effect beyond March 6, 2013.

The crisis constituted by the actions and policies of certain members of the Government of Zimbabwe and other persons to undermine Zimbabwe's democratic processes or institutions has not been resolved. These actions and policies continue to pose an unusual and extraordinary threat to the foreign policy of the United States. For these reasons, I have determined that it is necessary to continue this national emergency and to maintain in force the sanctions to respond to this threat.

BARACK OBAMA.
THE WHITE HOUSE, March 1, 2013.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 4 of rule I, the following enrolled bill was signed by the Speaker on Friday, March 1, 2013:

S. 47, to reauthorize the Violence Against Women Act of 1994.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 4, 2013.

Hon. JOHN A. BOEHNER,
The Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on March 4, 2013 at 1:12 p.m.:

Appointments:
Commission on Security and Cooperation in Europe (Helsinki).

With best wishes, I am
Sincerely,

KAREN L. HAAS.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

Accordingly (at 2 o'clock and 18 minutes p.m.), the House stood in recess.

□ 1715

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HULTGREN) at 5 o'clock and 15 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Any record vote on the postponed question will be taken later.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS REAUTHORIZATION ACT OF 2013

Mr. PITTS. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 307) to reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) *SHORT TITLE*.—This Act may be cited as the “Pandemic and All-Hazards Preparedness Reauthorization Act of 2013”.

(b) *TABLE OF CONTENTS*.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE FOR PUBLIC HEALTH EMERGENCIES

Sec. 101. National Health Security Strategy.

Sec. 102. Assistant Secretary for Preparedness and Response.

Sec. 103. National Advisory Committee on Children and Disasters.

Sec. 104. Modernization of the National Disaster Medical System.

Sec. 105. Continuing the role of the Department of Veterans Affairs.

TITLE II—OPTIMIZING STATE AND LOCAL ALL-HAZARDS PREPAREDNESS AND RESPONSE

Sec. 201. Temporary reassignment of State and local personnel during a public health emergency.

Sec. 202. Improving State and local public health security.

Sec. 203. Hospital preparedness and medical surge capacity.

Sec. 204. Enhancing situational awareness and biosurveillance.

Sec. 205. Eliminating duplicative Project BioShield reports.

TITLE III—ENHANCING MEDICAL COUNTERMEASURE REVIEW

Sec. 301. Special protocol assessment.

Sec. 302. Authorization for medical products for use in emergencies.

Sec. 303. Definitions.

Sec. 304. Enhancing medical countermeasure activities.

Sec. 305. Regulatory management plans.

Sec. 306. Report.

Sec. 307. Pediatric medical countermeasures.

TITLE IV—ACCELERATING MEDICAL COUNTERMEASURE ADVANCED RESEARCH AND DEVELOPMENT

Sec. 401. BioShield.

Sec. 402. Biomedical Advanced Research and Development Authority.

Sec. 403. Strategic National Stockpile.

Sec. 404. National Biodefense Science Board.

TITLE I—STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE FOR PUBLIC HEALTH EMERGENCIES

SEC. 101. NATIONAL HEALTH SECURITY STRATEGY.

(a) *IN GENERAL*.—Section 2802 of the Public Health Service Act (42 U.S.C. 300hh-1) is amended—

(1) in subsection (a)(1), by striking “2009” and inserting “2014”; and

(2) in subsection (b)—

(A) in paragraph (1)(A), by inserting “, including drills and exercises to ensure medical surge capacity for events without notice” after “exercises”; and

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A)—

(I) by striking “facilities), and trauma care” and inserting “and ambulatory care facilities and which may include dental health facilities), and trauma care, critical care,”; and

(II) by inserting “(including related availability, accessibility, and coordination)” after “public health emergencies”;

(ii) in subparagraph (A), by inserting “and trauma” after “medical”;

(iii) in subparagraph (B), by striking “Medical evacuation and fatality management” and inserting “Fatality management”;

(iv) by redesignating subparagraphs (C), (D), and (E) as subparagraphs (D), (E), and (F), respectively;

(v) by inserting after subparagraph (B), the following new subparagraph:

“(C) Coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care.”;

(vi) in subparagraph (E), as redesignated by clause (iv), by inserting “(which may include such dental health assets)” after “medical assets”; and

(vii) by adding at the end the following:

“(G) Optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, critical care, trauma care (which may include trauma centers), and emergency medical systems.”;

(C) in paragraph (4)—

(i) in subparagraph (A), by inserting “, including the unique needs and considerations of individuals with disabilities,” after “medical needs of at-risk individuals”; and

(ii) in subparagraph (B), by inserting “the” before “purpose of this section”; and

(D) by adding at the end the following:

“(7) COUNTERMEASURES.—

“(A) Promoting strategic initiatives to advance countermeasures to diagnose, mitigate, prevent, or treat harm from any biological agent or toxin, chemical, radiological, or nuclear agent or agents, whether naturally occurring, unintentional, or deliberate.

“(B) For purposes of this paragraph, the term ‘countermeasures’ has the same meaning as the terms ‘qualified countermeasures’ under section 319F-1, ‘qualified pandemic and epidemic products’ under section 319F-3, and ‘security countermeasures’ under section 319F-2.

“(8) MEDICAL AND PUBLIC HEALTH COMMUNITY RESILIENCY.—Strengthening the ability of States, local communities, and tribal communities to prepare for, respond to, and be resilient